



Where Quality Is A Lifestyle

# FAYETTE COUNTY WATER SYSTEM BACKFLOW - PREVENTION

## ASSEMBLY TEST DATA and MAINTENANCE REPORT

<b>INCOMPLETE FORMS WILL NOT BE ACCEPTED</b>						ACCOUNT NO:	
BUSINESS NAME:						METER READING	
MAILING ADDRESS:						METER/TRANS. NUMBER	
LOCATION OF SERVICE:							
TYPE OF ASSEMBLY:		MANUFACTURER:		MODEL NO.:		SIZE:	SERIAL NO.:
DATE:	TIME:	TEST: <input type="checkbox"/> INITIAL <input type="checkbox"/> SEMI-ANNUAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> OTHER - LIST					
SERVICE TYPE: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> FIRE <input type="checkbox"/> COMBINATION <input type="checkbox"/> IRRIGATION <input type="checkbox"/> OTHER						LINE PRESSURE AT TIME OF TEST: PSI	PRESSURE DROP ACROSS FIRST CHECK VALVE PSI
	<b>CHECK VALVE NO. 1</b>		<b>CHECK VALVE NO. 2</b>		<b>DIFFERENTIAL PRESSURE RELIEF VALVE</b>		<b>PRESSURE VACUUM BREAKER</b>
<b>INITIAL TEST</b>	1. Leaked <input type="checkbox"/>		1. Leaked <input type="checkbox"/>		1. Opened at _____ PSID <input type="checkbox"/>		1. Air inlet opened at _____ PSID <input type="checkbox"/>
	2. Closed at _____ PSID <input type="checkbox"/>		2. Closed at _____ PSID <input type="checkbox"/>		2. Did not open <input type="checkbox"/>		2. Did not open <input type="checkbox"/>
<b>REPAIRS</b>	Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Pin Retainer <input type="checkbox"/> Hinge Pin <input type="checkbox"/> Seal <input type="checkbox"/> Diaphragm <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> Disc <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spring <input type="checkbox"/> Diaphragm, Large <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Diaphragm, Small <input type="checkbox"/> Upper <input type="checkbox"/> Lower <input type="checkbox"/> Spacer, Lower <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>		Check Valve Leaked <input type="checkbox"/> Closed at _____ PSID <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc CV <input type="checkbox"/> Spring <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> "O" Rings <input type="checkbox"/> Complete Repair Kit <input type="checkbox"/> Other, Describe <input type="checkbox"/>
	1. Leaked <input type="checkbox"/> 2. Closed at _____ PSID <input type="checkbox"/>		1. Leaked <input type="checkbox"/> 2. Closed at _____ PSID <input type="checkbox"/>		1. Opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>		1. Air inlet opened at _____ PSID <input type="checkbox"/> 2. Did not open <input type="checkbox"/>
BFP TEST KIT MANUFACTURER:		KIT MODEL NO.:	KIT SERIAL NO.:	KIT CALIBRATION:	DATE CALIBRATED:	COMPANY:	
REMARKS:							
I HEREBY CERTIFY THAT THIS DATA IS ACCURATE (TRUE) AND REFLECTS THE PROPER OPERATION, TEST, AND/OR MAINTENANCE OF THIS ASSEMBLY.							
RETURN REPORT TO:		THIS BACKFLOW ASSEMBLY HAS <input type="checkbox"/> PASSED <input type="checkbox"/> FAILED TESTING.					
FAYETTE COUNTY WATER SYSTEM BACKFLOW PREVENTION PROGRAM 444 Dividend Drive Peachtree City, GA 30269 (770) 487-2186 Option #2 770-631-4966 fax		TESTED BY: (SIGNATURE)			TESTED BY: (NAME AND FIRM)		
		REPAIRED BY: (SIGNATURE)			REPAIRED BY: (NAME AND FIRM)		
		FINAL TEST BY: (SIGNATURE)			FINAL TEST BY: (NAME AND FIRM)		
		TRAINING CERTIFICATE NO.:			CERTIFICATE EXPIRATION DATE:		